

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET BURLINGTON, NC 27217</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report by Suzanna Fay  DHSR Construction Section conducted a Biennial Survey on May 8, 2015 from 10:08 AM to 11:40 AM at the above referenced facility. DHSR records indicate the home was first licensed on July 17, 2013 as a Family Care Home for five ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 148	Outside Entrances/Exits-Free of Obstructions  SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.  This Rule is not met as evidenced by: 1. In Bedroom 1, the window had safety catches that, when engaged, could impede the Resident's ability to exit through the window in the case of an emergency. Have a qualified person remove or disable the safety catches. Provide verification of the repairs.	C 148		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET BURLINGTON, NC 27217</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 151	Continued From page 1	C 151		
C 151	Laundry Room  SECTION .0300 - THE BUILDING 10A NCAC 13G .0313 LAUNDRY ROOM The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas.  This Rule is not met as evidenced by: 1. The facility currently does not have a laundry room. Based on interview with Staff, the laundry equipment was located in the closet off of the dining room. As Licensure Rules state that laundry cannot be off of dining, the equipment was removed. Based on review of the Licensure Rules, it was determined that the laundry would be allowed to be off of dining if there was a clear separation. As the laundry equipment would be located in a closed closet space, the room can be reutilized as a laundry room.	C 151		
C 174	Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. At the time of this survey, the call system was not working properly. The chain was pulled in the Resident bathroom and the alarm did not sound. Also, the button on the call panel in this bathroom had fallen off leaving the wiring exposed. Staff	C 174		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>JUST LIKE HOME FAMILY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>617 DURHAM STREET BURLINGTON, NC 27217</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 174	<p>Continued From page 2</p> <p>pulled the other chains and the alarm sounded, but it was not audible enough to be heard throughout the house including upstairs and the alarm would not shut off. Have a qualified technician repair the call system. Provide documentation of the repairs.</p> <p>2. Observations revealed that the toilet paper dispenser was broken in the Resident bathroom. Have a qualified person repair or replace the toilet paper dispenser. Provide documentation of the repairs.</p> <p>3. At the time of this survey, the sink in the Resident bathroom was draining very slowly. Have a qualified person repair the sink so that it drains properly. Provide verification of the repairs.</p> <p>4. Observations revealed that the attic hatch in the upstairs Staff Office/Bedroom was broken. Have a qualified person replace the attic hatch. Provide documentation of the repairs.</p> <p>5. Observations revealed that the steps coming off of the main deck at the back entrance had dry rotted and were splitting making them unsafe. Have a qualified person replace the damaged steps. Provide documentation of the repairs.</p> <p>6. Observations revealed that the exterior siding had mildew stains along the sides and back of the facility. Have a qualified person clean the siding to remove the mildew. Provide verification of the repairs.</p>	C 174		